

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>025-912</u> <u>7568</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>MARK DIVERSCHOOORE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1630 19TH AVE</u> City <u>MOLINE</u> State <u>ILL</u> ZIP Code + 4 <u>61265</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS & PIPE FITTERS LOCAL - 25</u> Labor Organization File Number <u>025912</u> P.O. Box, Building and Room Number, if any _____ Street <u>4600 BLACK HAWK ROAD</u> City <u>ROCK ISLAND</u> State <u>ILL</u> ZIP Code + 4 <u>61201</u>
5. Position in labor organization. <u>EXECUTIVE BOARD</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>JOHN A LOOS & SONS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2711 LOCUST ST</u> City <u>STARLING</u> State <u>ILL</u> ZIP Code + 4 <u>61081</u>	7.a. Nature of Interest, Transaction, or Income. <u>CHRISTMAS GIFT</u> 7.b. Amount. <u>\$ 50.⁰⁰/₁₀₀</u>

Signature [Handwritten Signature]

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Handwritten Signature] On 8-6-05 309-762-9540
Date Telephone Number

Street
City
State ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.
Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.